

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 157

Registered No. 43

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Verna Kyle Black { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>3-13-1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Rupert Kyle Black

9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Stevensville
(State or country) Texas

13. Occupation
Nature of Industry Labourer

14. MOTHER
Full maiden name Etta Mae Jennings

15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

16. Color or race White
17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Parsons
(State or country) N. Mexico

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother <u>3</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:30 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams

Physician

(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____

Address Box 636 Globe, Ariz.

Filed 4/8 1930 Dr. E. L. G. H. H. H.
Registrar

Registrar

Registrar

532 - 313 - 512